FEE TRANSMITTAL FOR FY 2009  Applicant claims small entity status. See 37 CPR 1.27  Applicant claims small entity status. See 37 CPR 1.27  Applicant claims small entity status. See 37 CPR 1.27  TOTAL AMOUNT OF PAYMENT  (S) 490.00  Attorney Docket  Attorney Docket  Deposit Account Number   1996  Cheek   Credit Card   Money Order   None   Other (please identity):  Deposit Account Deposit Account Number: 2.3-0650  Deposit Account Number   Deposit Account Number: 2.3-0650  Deposit Account Number   Deposit Account Number: 2.3-0650  Deposit Account N	Et	fective on 12/08/2004.	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<i>C</i> 1	, 1CT		
For FY 2009    Supplemental claims small entity status. See 37 CFR 1.27   Examiner Name   Milliam K. Cheung   Art Unit   1796   Art Unit	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   William K. Cheung	FEE TRANSMITTAL								
Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  Examiner Name  William K. Cheung  Art Unit  1796  Art Art Brit  Art Art Brit  Art Art Brit  Art Unit  Art Art Unit  Art Unit  Art Unit  Ar	For FY 2009								
Art Unit 1796  TOTAL AMOUNT OF FAYMENT (8) 490.00 Attorney Docket 5946 - 091619  METHOD OF PAYMENT (check cill that apply)  Check Cill Credit Card Money Order None Other (please identify):  Obeyonit Account Deposit Account Number: 23-0650 Deposit Account Number: The Wohb Law Firm  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fac(s) indicated helow account, the Director is hereby authorized to: (check all that apply)  Charge fac(s) indicated helow account, the Director is hereby authorized to: (check all that apply)  Charge fac(s) indicated helow, except for the filing fee Charge any additional fee(s) or undersynchia of the face and information					77711				
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. See 37 CFR 1.27								
Chock   Credit Card	TOTAL AMOUNT OF PAYMENT (\$) 400 00				<del></del>		91619		
Check  Credit Card  Money Order  None  Other (please identify):    Deposit Account  Deposit Account Number:									
Deposit Account Name: Por the above identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Charge f									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fe	· · · · · · · · · · · · · · · · · · ·								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge face(s) or under 37 CFR I, 16 and 1.17  WARNING: Information and subtifers may become public. Credit eard information absolud not be included on this form. Provide credit card information and sunderstation or PTO-2088.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (S)  Fee (S)  Fee (S)  Fee (S)  Fee (S)  Pee (S)  Provisional  220  110  330  165  170  85  Reissue  330  165  540  270  20  110  20  2. EXCESS CLAIM FEES  Fee (S)  Fee Paid (S)  Total Claims  -3 or HP  Extra Claims  Fee (S)  Fee Paid (S)  Total Claims  -3 or HP  Extra Claims  Fee (S)  Fee Paid (S)  Fee Paid (S)  Total Claims  -3 or HP  Extra Claims  Fee (S)  Fee Paid (S	• • • • • • • • • • • • • • • • • • • •								
Charge any additional face(s) or underpayments of feo(s)  WARNING: Information on this form, may become public. Credit card information and authorization on PTO-2088.  FEEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  I. BASIC FILING, SEARCH, AND EXAMINATION FEES  FELLING FEES  SEARCH FEES  FELLING FEES  SEARCH FEES  FEE (S)									
MARNING: Information and authorization on PTO-288.	Charge any additional fee(s) or underpayments of fee(s)								
Residual Control   Contr	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   SMALE BRITING   S									
Simulation   Sim									
Mapplication   Type   Fee (S)   Fe									
Design   220   110   100   50   140   70		· · · · · · · · · · · · · · · · · · ·		Small Entity	<u>.</u>	Small Entity			
Design   220   110   100   50   140   70							Fees 1	<u> </u>	
Plant	Utility			270				<del></del>	
Reissue	Design	220 110	100	50	140	70			
Provisional   220   110   0   0   0   0   0   0   0   0	Plant	220 110	330	165	170	85			
Signature   Sign	Reissue	330 165	540	270	650	325			
Fee Description	Provisional	220 110	0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims    10									
Multiple dependent claims   110   390   195									
Multiple dependent claims  Total Claims    Pee   Sec   Pee   Paid (S)   Pee   Paid (S)									
Total Claims   -20 or HP   Extra Claims   Fee (\$)   Fee Paid (\$)									
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  -3 or HP  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time  Registration No. (Attorney/Agent) 35,972  Telephone  412-471-8815	1		ra Claims	Fee (\$)	Fee Paid (\$)				
Indep. Claims  -3 or HP  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  -100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time  Registration No. (Attorney/Agent) 35,972  Telephone 412-471-8815	<u> </u>	=						_	
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  - 100 =	HP = highest number of total claims paid for, if greater than 20.								
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x = =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time  Registration No.  (Attorney/Agent) 35,972  Telephone 412-471-8815	Indep. Claims - 3	or HP Ext		Fee (\$)	Fee Paid (\$)				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time 490.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 35,972 Telephone 412-471-8815	HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 35,972 Telephone 412-471-8815									
Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time 490.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 35,972 Telephone 412-471-8815	* *								
Signature Registration No. (Attorney/Agent) 35,972 Telephone 412-471-8815			etition for Two-M	onth Extensi	on of Time			490.00	
Signature Registration No. (Attorney/Agent) 35,972 Telephone 412-471-8815	SUBMITTED BY	<u> </u>						<u> </u>	
(Automotyragent)		a e	)			35.972	Telephone 4	12-471-8815	
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